

NOTICES OF EXEMPT RULEMAKING

The Administrative Procedure Act requires the *Register* publication of the rules adopted by the state's agencies under an exemption from all or part of the Administrative Procedure Act. Some of these rules are exempted by A.R.S. §§ 41-1005 or 41-1057; other rules are exempted by other statutes; rules of the Corporation Commission are exempt from Attorney General review pursuant to a court decision as determined by the Corporation Commission.

NOTICE OF EXEMPT RULEMAKING

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES EMERGENCY MEDICAL SERVICES

Editor's Note: The following Notice of Exempt Rulemaking was exempt from Executive Order 2011-05 as issued by Governor Brewer. (See the text of the executive order on page 113.)

[R11-213]

PREAMBLE

- | | |
|------------------------------------|---------------------------------|
| 1. <u>Sections affected</u> | <u>Rulemaking Action</u> |
| Table 1 | Amend |
- 2. The statutory authority for the rulemaking, including both the authorizing statute (general) and the statutes the rules are implementing (specific):**
- Authorizing statutes: A.R.S. §§ 36-136(F) and 36-2209(A)(2)
Implementing statute: A.R.S. § 36-2205(A)
Statute or session law authorizing the exemption: A.R.S. § 36-2205(C)
- 3. The effective date of the rules:**
January 1, 2012
- 4. A list of all previous notices appearing in the Register addressing the exempt rule:**
Not applicable
- 5. The name and address of agency personnel with whom persons may communicate regarding the rulemaking:**
- | | |
|------------|---|
| Name: | Terry Mullins, Bureau Chief |
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Bureau of Emergency Medical Services and Trauma System
150 N. 18th Ave., Suite 540
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| or | |
| Name: | Thomas Salow, Manager |
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Department of Health Services
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Phoenix, AZ 85007 |
| Telephone: | (602) 542-1020 |
| Fax: | (602) 364-1150 |
| E-mail: | Thomas.Salow@azdhs.gov |

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6. An explanation of the rule, including the agency's reasons for the rule, including the statutory citation to the exemption from regular rulemaking procedures:

The purpose of this rulemaking is to amend Table 1 in 9 A.A.C. 25, Article 5, which contains information about authorizations for administering, monitoring of use, and assisting in patient self-administration for different agents as well as the minimum supply for each agent. The Department has amended Table 1 to group similar categories of some agents together and add an optional agent to provide certificate holders with more flexibility in stocking required agents. The Department received an exception for this rulemaking from the Governor's rulemaking moratorium, established by Executive Order 2011-05.

7. A reference to any study relevant to the rule that the agency reviewed and either relied on or did not rely on in its evaluation of or justification for the rule, where the public may obtain or review each study, all data underlying each study, and any analysis of each study and other supporting material:

The Department did not review or rely on any study related to this rulemaking package.

8. A showing of good cause why the rule is necessary to promote a statewide interest if the rule will diminish a previous grant of authority of a political subdivision of this state:

Not applicable

9. The summary of the economic, small business, and consumer impact:

Not applicable

10. A description of the changes between the proposed rules, including supplemental notices, and final rules, (if applicable):

Not applicable

11. A summary of the comments made regarding the rule and the agency response to them:

Not applicable

12. Any other matters prescribed by statute that are applicable to the specific agency or to any specific rule or class of rules:

Not applicable

13. Incorporations by reference and their location in the rules:

None

14. Was this rule previously made as an emergency rule? If so, please indicate the Register citation:

No

15. The full text of the rules follows:

TITLE 9. HEALTH SERVICES

CHAPTER 25. DEPARTMENT OF HEALTH SERVICES
EMERGENCY MEDICAL SERVICES

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Section

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

ARTICLE 5. MEDICAL DIRECTION PROTOCOLS FOR EMERGENCY MEDICAL TECHNICIANS

Table 1. Authorization for Administration, Monitoring, and Assistance in Patient Self-Administration of Agents by EMT Certification; Identification of Transport Agents; Administration Requirements; and Minimum Supply Requirements for Agents

KEY:

A = Authorized to administer the agent

AL = Authorization to administer the agent is limited to use in a successfully intubated patient

HF = Only authorized as a topical antidote for possible exposure to hydrofluoric acid

E = Only authorized to administer or assist in patient self-administration of the agent in the case of an emergency involving a neurological toxin which is confirmed or suspected by an EMT, except as provided in R9-25-507

M = Authorized to monitor IV administration of the agent during interfacility transport, if the IV was started at the sending health care institution

PA = Authorized to assist in patient self-administration of the agent

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TA = Transport agent for an EMT with the specified certification

IFIP = Agent shall be administered by infusion pump on interfacility transports

IP = Agent shall be administered by infusion pump

SVN = Agent shall be administered by small volume nebulizer

SVN or MDI = Agent shall be administered by small volume nebulizer or metered dose inhaler

* = Optional agent for a BLS ambulance that is not primarily serving as the first emergency medical services provider arriving on scene in response to an emergency dispatch

** = The minimum supply for an EMT assigned to respond by bicycle or on foot is 2 cubic feet-

*** = An EMT-B may administer if authorized under R9-25-505-

[] = Minimum supply required if an EMS provider chooses to make the optional agent available for EMT administration

AGENT	MINIMUM SUPPLY	EMT-P	EMT-I(99)	EMT-B
Adenosine	30 mg	A	A	-
Albuterol Sulfate ^{SVN or MDI} (sulfite free)	10 mg	A	A	-
Amiodarone ^{IFIP}	Optional [300 mg]	A	-	-
Antibiotics	None	TA	TA	-
Aspirin	324 mg	A	A	A
Atropine Sulfate	4 prefilled syringes, total of 4 mg	A	A	-
Atropine Sulfate	8 mg multidose vial (1)	A	A	-
Atropine Sulfate Auto-Injector	None	A	A	E
Atropine Sulfate and Pralidoxime Chloride (Combined) Auto-Injector	None	E	E	E
Blood	None	TA	-	-
Bronchodilator, inhaler	None	PA	PA	PA
Calcium Chloride	1 g	A	-	-
Calcium Gluconate, 2.5% topical gel	Optional [50 g]	HF	HF	HF
Charcoal, Activated (without sorbitol)	Optional [50 g]	A	A	A
Colloids	None	TA	TA	-
Corticosteroids ^{IP}	None	TA	TA	-
Dexamethasone	Optional [8 mg]	A	A	-
Dextrose	50 g	A	A	-
Dextrose, 5% in H ₂ O	Optional [250 mL bag (1)]	A	A	M***
Diazepam	20 mg	A	A	-
or Lorazepam	<u>8mg</u>	<u>A</u>	<u>A</u>	=
or Midazolam	<u>10mg</u>	<u>A</u>	<u>A</u>	=
Diazepam Rectal Delivery Gel	Optional [20 mg]	A	A	-
Diltiazem ^{IFIP or}	25 mg	A	-	-
or Verapamil HCl	10 mg	A	-	-
Diphenhydramine HCl	50 mg	A	A	-
Diuretics	None	TA	TA	-
Dopamine HCl ^{IFIP}	400 mg	A	-	-

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Electrolytes/Crystalloids (Commercial Preparations)	None	TA	TA	M
Epinephrine Auto-Injector	2 adult auto-injectors* 2 pediatric auto-injectors*	-	-	A
Epinephrine Auto-Injector	Optional [2 adult auto-injectors 2 pediatric auto-injectors]	A	A	-
Epinephrine HCl, 1:1,000	2 mg	A	A	-
Epinephrine HCl, 1:1,000	30 mg multidose vial (1)	A	A	-
Epinephrine HCl, 1:10,000	5 mg	A	A	-
Etomidate	Optional [40 mg]	A	-	-
Fosphenytoin Na ^{IP} or <u>or</u> Phenytoin Na ^{IP}	None <u>None</u>	TA <u>TA</u>	- =	- =
Furosemide or , If Furosemide is not available, or Bumetanide	100 mg 4 mg	A A	A A	- -
Glucagon ^{IFIP}	2 mg	A	A	-
Glucose, oral	Optional [30 gm]	A	A	A
Glycoprotein IIb/IIIa Inhibitors	None	TA	-	-
H ₂ Blockers	None	TA	TA	-
Heparin Na ^{IP}	None	TA	-	-
Immunizing Agent	Optional	A	A	-
Ipratropium Bromide 0.02% ^{SVN} or MDI	5 mL	A	A	-
Lactated Ringers	1 L bag (2)	A	A	M***
Lidocaine HCl IV	3 prefilled syringes, total of 300 mg 1 g vials or premixed infusion, total of 2 g	A	A	-
Lorazepam	Optional [8 mg]	A	A	-
Magnesium Sulfate ^{IFIP}	5 g	A	-	-
Methylprednisolone Sodium Succinate	250 mg	A	A	-
Midazolam	Optional [10 mg]	A	-	-
Morphine Sulfate <u>or</u> <u>Fentanyl</u>	20 mg <u>200 µg</u>	A <u>A</u>	A <u>A</u>	- =
Nalmefene HCl	Optional [4 mg]	A	A	-
Naloxone HCl	10 mg	A	A	-
Nitroglycerin IV Solution ^{IP}	None	TA	-	-

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Nitroglycerin Sublingual Spray or Nitroglycerin Tablets	1 bottle 1 bottle	A A	A A	PA PA
Nitrous Oxide	Optional [Nitrous oxide 50% / Oxygen 50% fixed ratio setup with O ₂ fail-safe device and self- administration mask, 1 setup]	A	A	-
Normal Saline	1 L bag (2) 250 mL bag (1) 50 mL bag (2)	A	A	M***
Ondansetron HCl	Optional [4 mg]	A	A	-
Oxygen	13 cubic feet**	A	A	A
Oxytocin	Optional [10 units]	A	A	-
Phenobarbital Na ^{IP}	None	TA	-	-
Phenylephrine Nasal Spray 0.5%	1 bottle	A	A	-
Potassium Salts ^{IP}	None	TA	-	-
Pralidoxime Chloride Auto-Injector	None	E	E	E
Procainamide HCl ^{IP}	None	TA	-	-
Racemic Epinephrine ^{SVN}	None	TA	-	-
<u>Rocuronium</u>	<u>Optional [100 mg]</u>	<u>AL</u>	=	=
Sodium Bicarbonate 8.4%	100 mEq	A	A	-
Succinylcholine	Optional [400 mg]	A	-	-
Theophylline ^{IP}	None	TA	-	-
Thiamine HCl	100 mg	A	A	-
Total Parenteral Nutrition, with or without lipids ^{IFIP}	None	TA	-	-
Tuberculin PPD	Optional [5 cc]	A	A	-
Vasopressin	Optional [40 units]	A	-	-
Vitamins	None	TA	TA	-